

Shore Transit's Transportation Services

Fixed Route Service - This service provides transportation on Fixed Route bus routes in Somerset, Wicomico and Worcester Counties. Each route has designated stops and times, where the bus will pick up and drop off customers. This service is an economical means of transportation. Qualified elderly and/or disabled customers pay a discounted fare on fixed routes for each bus boarded. Children 42" in height or under ride free. Fixed Route schedules are available on the buses and at our Customer Service Center at 328 Calvert St. Salisbury, MD

Fixed Route Deviation - This service allows the vehicles to deviate up to three-quarters of a mile from a fixed route bus stop for pre-approved customers who are unable to access fixed route bus stops due to a disability and/or environmental challenges.

Fixed Route Deviation services operate within the City of Salisbury, Monday through Saturday, 8:30 a.m. to 4:30 p.m. Customers may request deviations two (2) hours prior to the scheduled fixed route bus stop time. Cancellations must be called in thirty (30) minutes prior to pickup time. Services are provided on a first come, first serve basis. For more information, contact the Community Transportation Coordinator at:

410-341-3835, Extension 145

Shore Ride - This service provides transportation for the General Public in the rural areas of Somerset, Wicomico and Worcester Counties to the closest fixed route bus stop or a local destination for full fare.

Children 42" or less ride free. Shore Ride customers must contact the Customer Service Center at 443-260-2300 by 12 noon the business day before services are required to schedule a ride. Shore Ride services are provided on a first come, first serve basis.

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SSTAP

This service provides transportation for elderly and/or disabled customers in rural areas of Wicomico & Worcester Counties for a discount fare. To schedule SSTAP transportation, the customer must call the Customer Service Center at 443-260-2300 by 12 noon the business day before services are required to schedule a ride.

Medical Transportation -

This service provides transportation for those customers that have a current Medical Assistance Card and need transportation to and from medical appointments only. For further information in regard to medical assistance, please contact your County Health Department. To schedule medical transportation, the customer must call the Customer Service Center at 443-260-2300 by 12 noon the business day before services are required to schedule a ride.

ADA (Americans with Disabilities Act) -

ADA transportation services are provided for those customers whose disability prevents them from accessing Shore Transit's fixed route services. ADA transportation services are provided within three-quarters (3/4) of a mile on either side of a fixed route and operates during the hours of the fixed routes. The fare for this service is double the fixed route fare. No discounts can be offered for this specialized service. ADA customers must call the Customer Service Center at 443-260-2300 the business day before services are required, preferably by 12 noon, to schedule a ride.

ADA Applications are available by calling the Customer Service Center at 443-260-2300, Option 7, Certifications.



Application Form For Discount Fares on Fixed Routes & Shore Ride for the Elderly and/or Disabled

This Form is also utilized to qualify the General Public in Rural Areas for transportation to a Fixed Route bus stop or a local destination for full fare.

If you have a disability and would like to apply for a discounted fare, please have your health care provider complete this form and return it to:

Customer Service Center
328 Calvert Street
Salisbury, MD 21801
P . 443-260-2300
F . 410-677-4895
www.shoretransit.org

Applications are available at the Customer Service Center.



Customer Service Center
328 Calvert Street
Salisbury, MD 21801

Dear Medical Professional:

Your assistance is requested in completing this form and providing information regarding your patient's documented disability.

Once the application has been completed and received, Shore Transit will make arrangements to issue the applicant a photo ID card which will allow for transportation service at a discounted fare on fixed routes and Shore Ride. Eligibility for this discounted fare is determined for those individuals who meet the criteria of this fully executed disability form and/or the individual is sixty-two (62) years of age or older. For your information, all of Shore Transit's fixed route buses are equipped with wheelchair lifts and voice announcements of major stops.

Additionally, Shore Transit offers travel training for customers who require individualized training in order to access these services.

If you have any questions, please do not hesitate to contact:

Customer Service Center
443-260-2300 - Option 7 - Certifications
Monday—Friday - 7:30 a.m. to 4:30 p.m.

Applicant's Name: _____ Address: _____

Home Phone: _____ DOB: _____ Emergency Contact & Number: _____

Health Care Professional Verification

1. Does the individual have a functional or cognitive disability that can be documented? __Yes__No
2. What is the condition causing the disability? _____
3. What is the expected duration of the disability? _____
4. What mobility aids does the individual currently use (if any)?

____Manual Wheelchair ____Powered Scooter ____Powered Wheelchair ____Walker
____Portable Oxygen ____White Cane ____Cane ____Crutches

Other; please specify: _____

5. Please indicate the individual's ability to independently perform the following functions using the most effective mobility aid:

	Little or No Difficulty	Discomfort And/ot Inconvenience	Severe Pain & Additional Impairment	Impossible or Likely To Cause a Serious Medical Crisis
Travel Independently to and from the near- est bus stop or Up to 1/4 Mile				
Identify the correct bus stop or transfer point				
Go up and down three 12-inch steps using a handrail				
Ask for, understand and carry out instruc- tions to take a trip				

I hereby certify this information is true and correct. _____

Health Care Professional Signature

Date

Print Name

(Address)